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Dr Kellermann Responds

TO THE EDITOR: The rhetorical excess of Dr Faria's essay is typical of the language used by critics of firearms-related research. Its success depends on painting opponents as extremists. If the argument cannot be won on scientific grounds, alternative strategies must be used. It is obvious that Dr Faria is not a constitutional scholar. Neither am I. But most of us learned in eighth-grade civics that the Supreme Court is the ultimate authority on the meaning of the Constitution, however. Both the supreme court and various federal appellate courts have repeatedly held that federal, state, and local governments can place reasonable limits on firearm ownership (W. E. Burger, "The Meaning, and Distortion, of the Second Amendment." *The Keene [NH] Sentinel*, November 26, 1991).¹

It is not necessary for an agent to conform to Koch's postulates to qualify as a public health hazard. Furthermore, it is rarely necessary to ban a hazard to reduce its adverse effects. Motor vehicles and cigarettes are prime examples of both concepts. Car crashes remain a leading cause of death in the United States, but we have been able to substantially reduce the rate of death per million vehicle miles driven through better automobile design, safer roadways, and tougher enforcement of speed limits and drunk-driving laws.² We have also made impressive progress in reducing the rate of death from cigarette-related heart disease by educating the public about the health hazards of smoking.³ Strategies like these could be used to reduce many firearm-related injuries and deaths as well.⁴

At two points in his essay, Faria refers to "draconian" gun control laws in the United States. Which laws does he consider draconian? Is a waiting period and criminal background check draconian? Are laws that restrict handgun purchases to one a month draconian? Are laws that outlaw the sale of handguns to minors draconian? Is any gun control law reasonable, or should all of them be abolished?

Physicians can and should play a key role in responding to the growing problem of firearm-related violence. Faria's comments remind us how far we have to go.

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Medical Costs Then and Now

TO THE EDITOR: Thank you for publishing the interesting commentary by Michael J. Hennessy, MD, regarding the thyroid operations on his grandmother.¹ In 1907 one of the Drs Mayo performed a successful thyroidectomy in the face of thyroid storm by immersing the patient in an ice bath. He operated on a recurrence 30 years later for the same fee.

The value of money has changed so much during the interim that the size of those fees may not be clear to some readers. It's a little hard to measure inflation accurately, as we buy different things at different times. In 1907, however, an eight-room house could probably have been bought for \$3,000, a woolen suit for \$4, and a large glass of beer for a nickel (sometimes with free snacks). From such numbers, it is likely that prices have risen 40- to 50-fold. Thus, Dr Mayo's surgeon's bill of \$240 would be equivalent to perhaps \$10,000 today.

The 1937 fee of \$240 can be related to a worker's income of about \$1,200. When my father took me to see the circus train unload in 1940, I bought a hamburger for a nickel, although his cost ten cents. Our maid was paid \$260 a year plus board and room. It looks as though surgeons' incomes have been going backwards for 90 years. By any calculation, hospital charges have been moving in the opposite direction.

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Dr Hennessy Responds

TO THE EDITOR: I want to thank Dr Burdick for his observations and perspective regarding turn-of-the-century medical costs. There was indeed a time when a nickel candy bar cost five cents.

The point of my article was fiscal vigilance. When direct exchange of money occurred between patient and physician, the value of service could be directly judged. The fiscal intermediary of health insurance and the myriad systems of managed care clouds the issue for patients. We enter an era in which profit is taken from those who request medical care and those who provide medical care. Administrative costs and shareholder profits threaten to erode our medical resources. Within our